

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**ELECTRONIC FUNDS TRANSFER REQUEST**

Now you can make your Cal-Vet Loan Payments automatically from your checking or savings account! You'll have no monthly checks to write, and will save postage and the cost of checks. All you have to do is:

- Complete the application form below. To pay an additional amount monthly towards your principal, be sure to check additional principal box and indicate the amount monthly you wish to have withdrawn.
- Attach a voided check if funds will be drawn from your checking account. If using a savings account, provide the savings account number and the routing/American Banker Association number (ABA#).
- Mail to: California Department of Veterans Affairs, ATTN: Contract Services Unit, P. O. Box 942895, Sacramento, CA 94295-0001.

PLEASE DO NOT INCLUDE PAYMENT IN THE SAME ENVELOPE WITH YOUR EFT APPLICATION.

Please continue paying your monthly payment until you receive a notice that your application has been approved and providing you with an effective date. *Only accounts in a current standing (not delinquent) will be eligible for the program.* You will continue to receive monthly statements after the effective date, but your payment will be automatically withdrawn from your account. From the time you sign up, it will take approximately six to eight weeks to enroll you in the program.

For questions regarding electronic funds transfer, please call our Contract Services Unit through our toll free number at 1-800-952-5626, or e-mail them at loanserv@cdva.ca.gov.

Cut here:

ELECTRONIC FUNDS TRANSFER (EFT) SERVICE AUTHORIZATION AGREEMENT:

Cal-Vet Contract # _____ and/or Cal-Vet Home Improvement Loan Contract # _____

☐ New application ☐ Add additional Principal Monthly of \$ _____ ☐ Revised Application

Last Name _____ Middle Initial _____ First Name _____

Mailing Address _____ City _____ State _____ Zip _____

Daytime Phone (____) _____ Home Phone (____) _____ E-Mail _____

Name of Financial Institution/Type of Account _____

Address _____ City _____ State _____ Zip _____

☐ Checking Acct.# _____ **OR** ☐ Savings Acct.# _____

Routing/ABA# _____

Your name as shown on Financial Institution Records _____

I hereby authorize California Department of Veterans Affairs (CDVA) to deduct funds from my account at the above-indicated financial institution to pay monthly billings and if indicated additional principal. I understand that the funds will be withdrawn on or about the fifth (5th) day of each month, and that it is my responsibility to ensure sufficient funds are in my account at that time. **I understand that I may stop EFT service by notifying CDVA and my financial institution in writing. If necessary, my financial institution may also discontinue my participation.** I further understand that if two consecutive payments are returned by the bank, my participation in the EFT program may be automatically canceled.

Signatures: _____
(Contract Holder)

(Date)

(Spouse)

(Date)